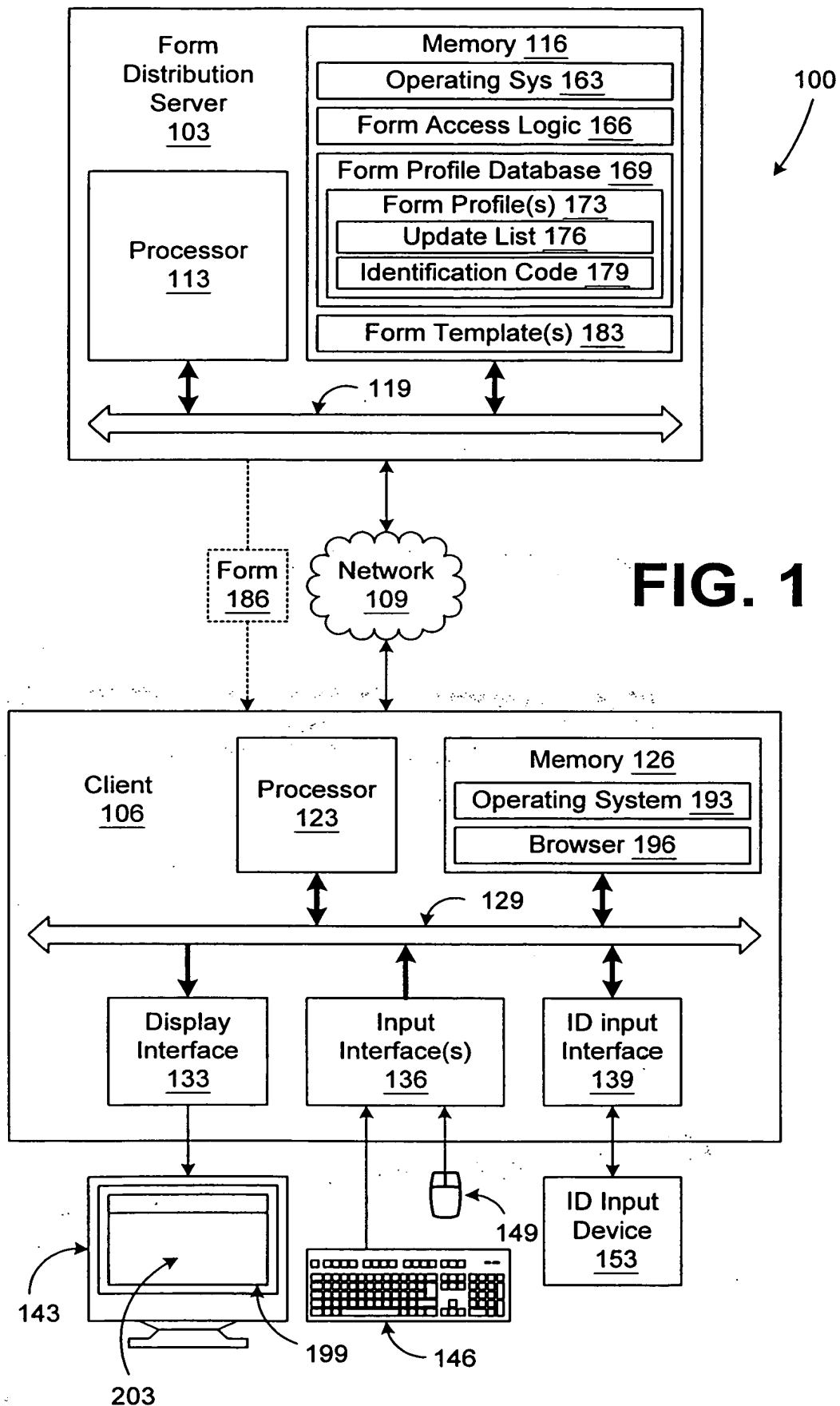
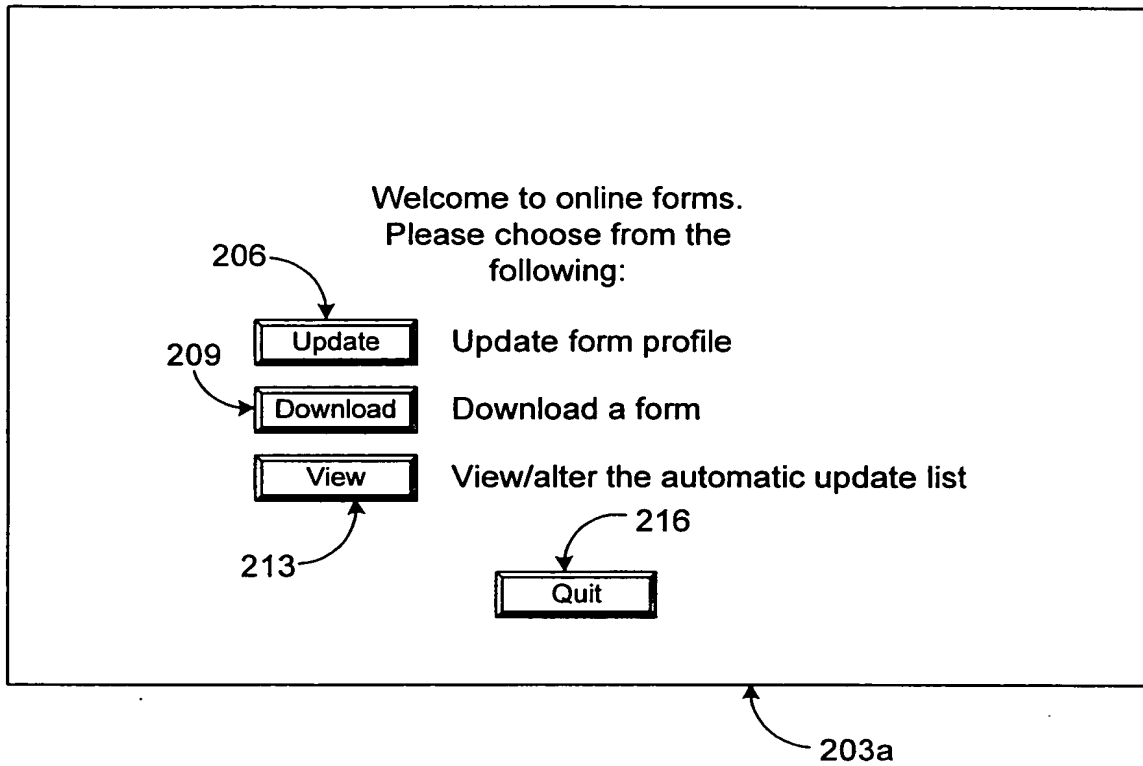


FIG. 1





**FIG. 2**

FIG. 3

Please enter or update your personal profile

Name: First  M.I.  Last  223

Address:

City:  State:

Telephone No.:

Gender:

Medical Ins:  223

ID No.:

Group No.:

Ailments/Disease:

⋮

Emergency Medical History:  223

⋮

173

Return 226

203b

FIG. 3

Please indicate the type of form you wish to download:

233

Do you want to automatically update this form in the future when changes are made to your form profile? 236

☒ Yes  
☐ No

If this form is to be automatically updated, please enter the destination network address to which updates are to be sent.

239

241

203c

**FIG. 4**

The following are entities that receive automatic updates of the indicated form. To delete an entry, click on the entry to highlight and then hit the "delete" key.

<u>Doctorlaura@physician.com</u>	Medical Form	<input type="button" value="Return"/> <span style="float: right;">243</span>
<u>JoeBroker@brokerage.com</u>	Financial Form	
<u>JoeBanker@bank.com</u>	Financial Form	
<u>postoffice@postoffice.com</u>	Address Form	
<u>subscription@newyorktimes.com</u>	Address Form	
<u>subscription@time.com</u>	Address Form	
<u>creditcard@card.com</u>	Address Form	
⋮	⋮	

176

203d

**FIG. 5**

FIG. 6

ADDRESS TEMPLATE
FORM TYPE: Address
RELATIVE FIELDS: Name Address City State Zip Code Telephone Number

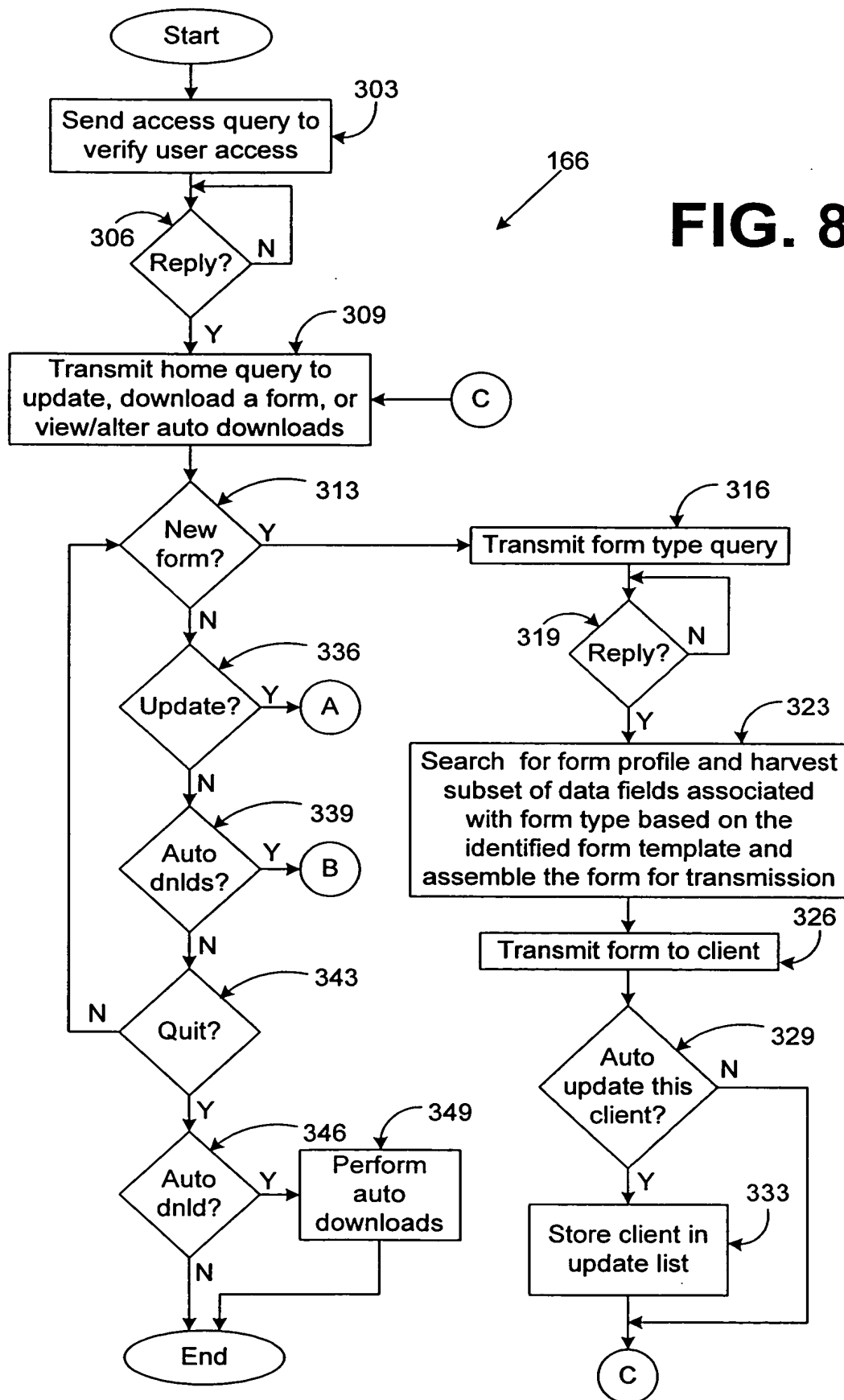
183a

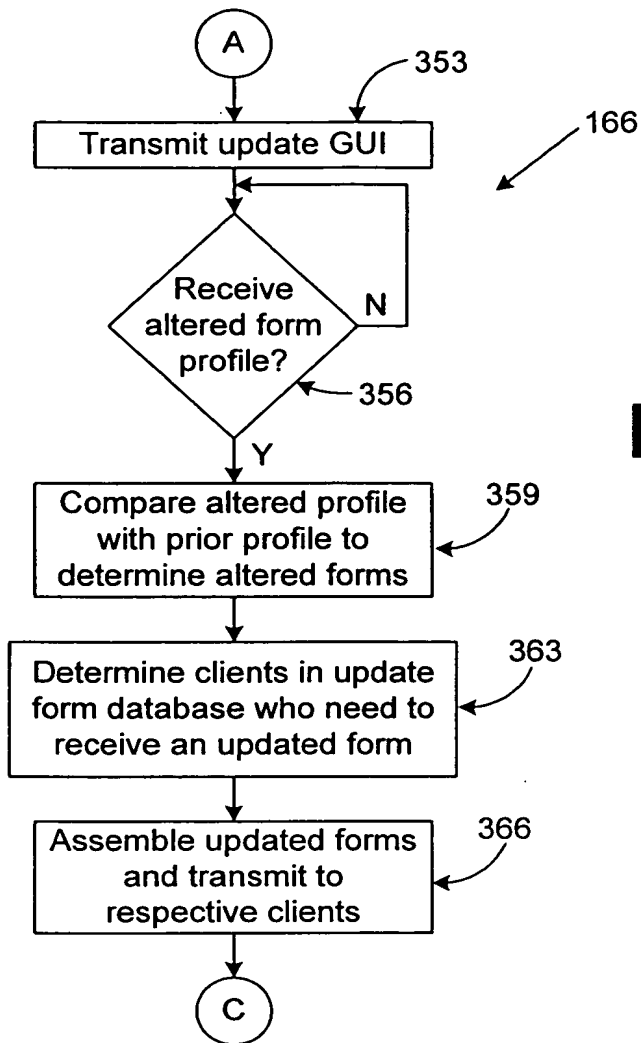
FIG. 6

ADDRESS FORM
Name: John Doe
Address: 100 Sycamore Lane Boise, Idaho 12345
Telephone: (123) 456-7890

186a

FIG. 7





**FIG. 9**

**FIG. 10**

